



PTO/SB/21 (08-03)

Please type a plus sign (+) inside this box

Approved for use through 8/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/475,765	RECEIVED	
Filing Date	December 30, 1999	JUL 21 2004	
First Named Inventor	Hamer, Eric	Technology Center 2100	
Group Art Unit	2143		
Examiner Name	Nguyen, Phuoc H.		
Total Number of Pages in This Submission		Attorney Docket Number	KEYNP005

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652. In response to the Office Action mailed May 21, 2004, please make the enclosed of record.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	RITTER, LANG & KAPLAN LLP Gary T. Aka	Reg. No. 29,038
Signature		
Date	July 13, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown:

July 13, 2004

Typed or printed name	Diane Elzingre		
Signature		Date	July 13, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



2143
41

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 7/3/04.

Signed: Diane Elzingre
Diane Elzingre

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	09/475,765	Confirmation No.: 6830
Applicant	:	ERIC HAMER et al.	
Filed	:	December 30, 1999	
TC/A.U.	:	2143	
Examiner	:	PHUOC H. NGUYEN	
Docket No.	:	KEYNP005	
Customer No.	:	26541	
Title	:	METHOD AND SYSTEM FOR EVALUATING QUALITY OF SERVICE OVER THE INTERNET	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

JUL 21 2004

RESPONSE D

Technology Center 2100

Sir:

In response to the Office Action mailed May 21, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.